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CONFIRMATION NO. 4799

Bib Data Sheet

SERIAL NUMBER 10/705,796	FILING DATE 11/12/2003 RULE	CLASS 340	GROUP ART UNIT 2636	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *None BAS* *****

** FOREIGN APPLICATIONS *None BAS* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials		

ADDRESS

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TITLE

Transportation-vehicle "Babyminder"

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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